

HEALTH CARE QUALITY AND COST COUNCIL: PATIENT SAFETY COMMITTEE
Infection Prevention Work Group
Meeting Number 1: November 17, 2008
Location: Massachusetts Health Data Consortium, Waltham MA.

Meeting called to order 3:05pm

Members Present: Paul Dreyer, Nancy Ridley, Al DeMaria, Alan Abrams, Roberta Bernstein, Beth Capstick, Mary Crotty, Katherine Eskew, Paula Griswold, Linda Hayes, Maureen Hodson, Donna Johnston (phone), Eileen McHale, Margaret Mosher, Clare Mundry, Eric Ortlip, Craig Schneider, David P. Smith

Members Absent: Jim Liljestrand, Deborah W. Wachenheim

Agenda

3:00 to 3:10	Welcome and Introductions
3:10 to 3:15	Statement of Problem
3:15 to 3:25	Overview: Health Care Quality and Cost Council (HCQCC)
3:25 to 3:45	Discussion: Mission Statement
3:45 to 4:15	Discussion: Implementation of Healthcare Associated Infection Preventive Best Practices in settings other than acute care hospitals.
4:15 to 4:40	Discussion: Development of facility specific work groups
Closing	Review and Next Steps

1. Welcome and Introductions, Statement of Problem, Overview of the Health Care Quality and Cost Council

- Infection Prevention Work Group members introduced themselves to the group.
- Paul Dreyer explained the problem:
 - o Brief overview of the Massachusetts Infection Prevention and Control Program
 - o Expert Panel Process recommended “best practices” for the prevention of healthcare associated infection (HAI) in acute care hospitals.
 - o MDPH implemented reporting requirements for the acute care hospitals reporting of specific HAI process and outcome measures
 - o First aggregate report: March 2009
 - o An additional charge to MDPH is to expand the HAI program to settings other than acute care hospitals.
- Beth Capstick provided an overview of the Health Care Quality and Cost Council
 - o The goals and recommendations identified by the Council were aligned with those of the Betsy Lehman Center, Expert Panel and the Institute for Healthcare Improvement.
 - o One of the Council’s goals is to move infection prevention to other settings.
 - o This group will make recommendations to further define the problem and determine who else needs to be part of the process.

2. Discussion of Mission Statement

- Draft mission statement distributed to work group as part of the meeting materials
- Modifications to the proposed draft mission statement were made by the work group
- Revised mission statement will be distributed via e-mail for approval.(see attachment)
- Revisions reflect the need for stronger language for reporting back to the HCQCC

3. Discussion:

- **Implementation of HAI Preventive Best Practices in settings other than acute care**
- **Development of a plan for prioritization by facility type**
- **Development of facility specific work groups**
- A Draft Infection Prevention workgroup work plan was distributed to members as part of the meeting materials (see attached)
- Paul Dreyer explained that Chapter 305 of the Acts of 2008 requires ambulatory surgical centers (ASC) to report HAI data to MDPH.
 - o There are 63 free standing (not part of a hospital) ASC centers in MA
 - o Free standing ASCs that are either physician or privately owned are licensed by MDPH and go through a Determination of Need review (DON)
 - o ASC centers owned and operated by a hospital as a separate outpatient department are also subject to DON and licensure review.
 - o MDPH is in the process of promulgating requirements for ASC centers to report HAI data.
 - o Paul Dreyer will provide contact information from the DPH/Health Care Quality Ambulatory Surgical Center Committee as a representative for this work group.
- Paula Griswold shared recommendations received from MA Coalition for the Prevention of Medical Errors for sites which should be prioritized to reduce infection.
 - o Sites include the following: nursing homes, extended care facilities, day surgery centers, home infusion, chronic dialysis units, home respiratory care, out patient cancer services, physician offices especially primary care provider and pediatricians
- Al DeMaria suggested the group prioritize the areas where transmission of infection is occurring the most in the most vulnerable populations, such as dialysis and infusion therapy. The Centers for Disease Control's (CDC) National Healthcare Safety Network (NHSN) has a module for reporting outpatient dialysis events. The Centers for Medicare and Medicaid Services (CMS) maintains the Dialysis Facility Compare consumer website.
- Roberta Bernstein will get a list of items and events reported to CMS Dialysis Facility Compare.
- Paul Dreyer stated that there is currently no state reporting requirement for dialysis.
- Maureen Hodson noted that free standing dialysis centers will need representation on this work group.
- Group discussion occurred regarding the specialized areas of long term acute care hospitals (LTAC), inpatient rehabilitation facilities (IRF), nonacute hospitals, long term care (LTC) facilities and skilled nursing facilities SNF). Issues discussed include:

whether the best practices for HAI prevention would be the same in all facilities or require modification.

- Alan Abrams suggested that LTC/ Rehab/LTAC facilities could be viewed together. Patients are on various antibiotics and exposed to additional organisms. The nuances of the setting might be a little different but the immunological and bacteriological guidelines should be the same. LTACs have many more ventilator patients with different risks for post hospital complications.
- Alan Abrams suggested the work group look at the #1 HAI, urinary tract infections (UTI)
 - o Views this as an epidemic in SNFs, LTC, LTAC and rehab facilities.
 - o Recommends identification of common issues and changing antibiotic prescribing practices.
 - o Identified the need for skilled nursing facility representation on this work group.
- Additional settings under discussion included home care, home infusion, hospice care, respiratory care and ambulance companies.
- Following the discussion the work group identified a prioritized list for initial implementation of HAI prevention and reporting initiatives:
 - o Ambulatory Surgical Care centers
 - o Extended care facilities (LTC, SNF, LTAC, IRF)
 - o Free standing dialysis centers
- Nancy Ridley requested a volunteer to serve as the chair for each of the three work group prioritized areas, and asked that volunteers contact Eileen or Roberta if they would be willing to serve in that capacity.
- Nancy Ridley reviewed page two of the draft work plan (see attachment) and added two additional tasks the work group must consider:
 - o Development of potential cost benefits for patients, families and payors
 - o Making recommendations to ensure accountability

4. Other Business

- Alan Abrams suggested the work group issue a priority recommendation stating that healthcare workers in all settings be immunized against influenza.
- The work group was unanimous in support of this recommendation
- Beth Capstick stated that the HCQCC will consider the recommendation, and could issue a press release.

Next Steps

- Schedule next meeting
- Revise Mission Statement and disseminate to work group
- Revise work plan and distribute to work group
- Recruitment of additional content experts for group membership.
 - o long term care dialysis and ambulatory surgical care
 - o state laboratory epidemiologist

MEETING ADJOURNED 5:00PM